

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46155

Corporation Name

CAPITAL CITY TRANSPORTATION MANAGEMENT AGENCY, INC.

Principal Place of Business
FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-1111

Mailing Address
FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-1111



Principal Place of Business		Mailing Address		Date Incorporated or Qualified 11/22/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		FEI Number 59-6152180	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Country		Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Country		30 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

CARVER, D. DEWAYNE
FSU COLLEGE OF BUSINESS
ROVETTA 321
TALLAHASSEE FL 32306-3037

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS			CHANGES TO OFFICERS AND DIRECTORS		
TITLE	C D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, TOM		1.2 NAME		
STREET ADDRESS	2740 CENTERVIEW DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32394-2100		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATFORD, CHARLES		2.2 NAME		
STREET ADDRESS	FDOT 605 SUWANNEE ST. MS50		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32399-0490		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, CARL		3.2 NAME	WANDA HUNTER	
STREET ADDRESS	2737 CENTERVIEW ROAD		3.3 STREET ADDRESS	Leon County Courthouse	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DEBORAH		4.2 NAME		
STREET ADDRESS	3900 COMMONWEALTH BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32394		4.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, DALE		5.2 NAME		
STREET ADDRESS	FLORIDA LOTTERY, CAPITOL CTR COMPLEX		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #